FIRST STEPS Part C Eligibility Determination Statement

State Form # PENDING

County: _____ Date: _____

Name &Title of Person Completing this Form: _____

Child's Name: _____ **Date of Birth:** _____

Family's Name: _____ **Date of Referral:** _____

Eligibility determination activities pursuant to Sections 303.300 and 303.322 of 34 C.F.R. Part 303 were conducted for this child and are recorded in Section 3 of the IFSP document and resulted in the findings as stated below. _____(SC initial)

Confirmation of Developmental Delay:

_____ 20% delay in two (2) or more developmental domains OR one and one-half (1.5) standard deviations below the mean (Check methodology below)

_____Administered STANDARDIZED Assessment(s) OR Criterion-referenced tool (As documented in section 3 of the IFSP)

_____ Informed Clinical Opinion (provide a statement on page 2 utilizing at least 3 areas of Section 3 of the IFSP)
If a standardized tool is not available or appropriate, a child may be determined to have a developmental delay by informed clinical opinion of a multidisciplinary team including the parent and documentation from the child's primary health care provider.

_____ 25% delay in one (1) or more developmental domains OR two (2) standard deviations below the mean (Check methodology below)

_____ Administered STANDARDIZED Assessment(s) OR Criterion-referenced tool (As documented in section 3 of the IFSP)

_____ Informed Clinical Opinion (provide a statement on page 2 utilizing at least 3 areas of Section 3 of the IFSP)
If a standardized tool is not available or appropriate, a child may be determined to have a developmental delay by informed clinical opinion of a multidisciplinary team including the parent and documentation from the child's primary health care provider.

High Probability of Developmental Delay **(Attach signed and dated physician statement)**

_____ Chromosomal abnormalities or genetic disorder _____ Neurological Disorder _____ Congenital Malformation

_____ Sensory impairments, including vision or hearing _____ Severe toxic exposure including prenatal exposure

_____ Low birth weight ≤ 1500 grams _____Neurological abnormality in the newborn period

_____ (primary) ICD-9 CODE: _____

_____ (secondary) ICD-9 CODE: _____

1._____ As determined by the multidisciplinary team, the child is determined **NOT ELIGIBLE** due to: _____

_____ The parent agrees with the decision.

_____ The parent does NOT agree with the decision, and therefore has been informed of their rights and responsibilities.

_____ The parent continues to have questions/concerns relating to the team's decision, and therefore has been informed of their rights and responsibilities.

2._____ As determined by the multidisciplinary team, the child is determined **ELIGIBLE.**

3. _____Eligible, but not in need of services at this time.

Informed Clinical Opinion

This child is eligible based on informed clinical opinion. Eligibility is based on the parent/caregiver's report of developmental history, the review of pertinent records related to the child's health status/medical history (as recorded in Section 3 of the IFSP) and at least one (1) of the following assessment procedures documenting delayed development:

_____ Observational assessment or planned observation of a child's behaviors and parent/child interaction
_____ Non-standardized assessment
_____ Other: _____

Provide a statement of eligibility below when using informed clinical opinion:

Verification of Rights
Check as appropriate

YES	NO	
☐	☐	Conducted in the family's native language/mode of communication
☐	☐	Instruments were free from racial/cultural discrimination
☐	☐	No single procedure was used to determine eligibility
☐	☐	Instruments were administered by qualified personnel
☐	☐	Assessment of child's needs completed
☐	☐	Assessment of child's strengths completed

Confirmation of Eligibility

The following Multidisciplinary Team members agree that the child (__does / __does not) meet Part C eligibility criteria:

Date	Name	Position	Method of Participation OR Signature
		Parent	
		Parent	
		Intake Coordinator	
		Service Coordinator	
		First Discipline	
		Second Discipline	
		Physician	

The parent(s) is a required member of the eligibility team.